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February 1, 1995

FAX CENTER
RECEIVED

To: Examiner Kathleen Fonda
Group Art Unit 1800
Office of the Commissioner
of Patents and Trademarks
Washington, D.C. 20231
From: Kevin L. Bastian
Client Number: 14137-5-5
Number of Pages (including this page): 11

FEB 01 1995

GROUP 1800

At FAX Number: (703) 308-4227

If you have any problems with reception, please call Florence La Fontant
at extension 4659, or Dana Kane at extension 4358.

Message or Special Instructions:

Dear Examiner Fonda:

In accordance with your request, attached is a copy of the Amendment in
Serial No. 08/063,181, which was hand-delivered to Group 1800 on April 19, 1994.

Kevin L. Bastian

Encs.

FAXED _____

RETURN TO _____

TO THE U.S. PATENT OFFICE

Please stamp the date of receipt of the following document, and return this card to us.

Title of Document Amendment

Date Due ---

Serial No. 08/063,181

Date Mailed April 19, 1994 by hand-delivery

File No. 14137-5-5

Attorney KLB/dgk

RECEIVED

APR 19 1994

RWS.

XAuthorization to charge Deposit Acct. 20-1430.

TOWNSEND and TOWNSEND KHOURIE and CREW
 Stuart Street Tower
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FAX CENTER
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In re application of Paulson, et al.

Serial No. 08/063,181

Filed May 14, 1993

Group Art Unit 1800

For INTERCELLULAR ADHESION MEDIATORS

FEB 01 1995

GROUP 1800

THE COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Enclosed is a petition to extend time to respond.
 [X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
 []

The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	* 113	MINUS	** 94	= 19	x11=	\$ 209		x22=	\$
INDEP.	* 14	MINUS	*** 14	= 0	x37=	\$ 0		x74=	\$
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+115=	\$ 0		+230=	\$
					TOTAL	\$ 209	OR	TOTAL	\$
					ADDIT. FEE				

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[X] Claims fee \$ 209.00
 [X] Any additional fees associated with this paper or during the pendency of this application.

2 copies of this sheet are enclosed.

TOWNSEND and TOWNSEND KHOURIE and CREW

Reg. No.: 34,774 Kevin L. Bastian
 Attorneys for Applicant